

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA

Anthony Isaac Williams Sr.
(Enter above the full name of the plaintiff
or plaintiffs in this action).

14797-041
(Inmate Reg. # of each Plaintiff)

VERSUS

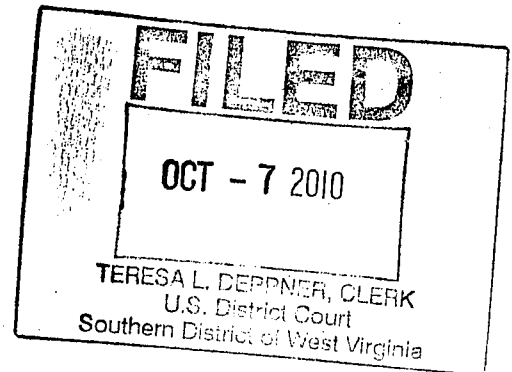
CIVIL ACTION NO. 5:10-1193
(Number to be assigned by Court)

D.J. Harmon, Mr. Thompson

Ms. Thorne, Mr. Cullop

Mr. Deal, Mr. Cowger

(Enter above the full name of the defendant
or defendants in this action)



COMPLAINT

I. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes _____

No X

B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs: _____

Defendants: _____

2. Court (if federal court, name the district; if state court, name the county);

3. Docket Number: _____

4. Name of judge to whom case was assigned:

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: D.J. Harmon
is employed as: Acting Warden
at FCI - Beckley, WV.

D. Additional defendants: Mr. Thompson Health Services Administrator
Ms. Thorne Medical Assistant, Mr. Cullop Nurse
Mr. Deal Officer, Mr. Cowger Officer

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On July 14, 2010 at or about 10:30 am - 11:30 am Medical Assistant,
Ms. Thorne told me she had to give me a T.B. test shot. As soon as
She gave me the shot my arm swelled up and started burning and
itching and hurting very badly. At 5:00pm July 14, 2010 Nurse
Cullop told me that I was given the wrong shot! I said to him
is this why my arm hurts so bad? he said don't worry about
it, it was only a tetanus shot! At 9:00pm the night of July
14, 2010 I asked Nurse Cullop what was the name of the

IV. Statement of Claim (continued):

Medical Assistant who gave me the shot. His response was
why? I said because giving me the wrong shot was negligence.
He stated it wasn't her fault, why do you want to know her
name? I said because it's my right to know! He then
said get out of my face before I have you sent to segregation!

On July 15, 2010 at or about 9:00am I was told to report
to Health Services once I got there Ms. Thorne, Mr. Cullop
and Nurse Mr. Walker was there, Mr. Walker asked to see
my arm he asked me how do it feels, I told him it hurts

v. [REDACTED] (Statement of Claim Continued):

[REDACTED]

and itches pretty bad. He said I see it's pretty swollen Ms.
Thorne said maybe he is positive for T.B. Mr. Walker said
how would you know that you gave him the wrong shot?!
I said I know I'm not positive. Mr. Walker said I know,
but we will have to give you the right shot next week to
be sure because we can't tell from this. I am O.C.D. and
I have a phobia of germs and syringes. Not only was I
in pain but I was mentally stressed because of the
statement medical assistant Ms. Thorne made about me

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] (Statement of Claim Continued):

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

maybe positive with the disease / germ T.B. So I had Mr. Koch my Counselor call psychologist Dr. Martin to explain to her what happen to me and what I was going through mentally and pysically he did he even told her she need to see me today. Unit Officer Cowger refused to let me go see Dr. Martin he said because Compond Officer Deal wouldn't let me so Dr. Martin told Mr. Koch I'll have to see him next week. This made me like Acting Warden Mr. Harmon and

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] (Statement of claim continued):

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

Health Services Administrator Mr. Thompson are not doing a
good job as supervisors. The Administration at FCI-Beckley W.
made me feel like because I am a inmate I have no right to be
treated with respect, consideration or dignity. If I was on
the street and this happen I would have been treated with
respect and filed a lawsuit and never went to that hospital
again! This incident left me feeling a mixture of anger,
disappointment, fear, and anxiety all wrapped up in one,

IV. Statement of Claim (continued):

which left me immobile as if paralyzed. I've suffered Mental Anguish and severe permanent emotional distress as well as personal damages. Because to this day I do not know what was injected into my arm. I have [REDACTED] high Triglycerides and Cholesterol so I have to take simvastation 10 MG Tab and I am severely depress and stressed over the negligence of the Health Services at FCI-Beckley WV. So I also take citalopram 40 MG Tab. every Night because I have to take these medications I have to have my

v. [REDACTED] Statement of Claim (Continued):

[REDACTED]
blood drawn every 3 months. Because of the negligences of FCI-Beckley, WV. Health Services Department and the Administration and staff members named in this lawsuit I am very terrify of syringes. I do not and will not never be able to trust Health Services at FCI- [REDACTED] Beckley- WV. In this lawsuit I am asking to be transferred to my home state which is Minnesota all of this extra stress isn't good for my mental state. I'm emotional Stressed. I do not get to see Dr. Martin enough as it is.

IV. Statement of Claim (continued):

July 25, 2010 3:06 am I was awoken because the itching in my arm wouldn't allow me to sleep ~~not~~ not a full night anyway! I have not had a full night of sleep in 11 nights. I feel like cutting this lump/bump out of my arm. I'm asking Dr. Martin to put me back on the sleep medication! Prison officials may be held liable under the Eight Amendment only if they act with deliberate indifference or reckless disregard for a prisoner's safety. July 21, 2010 I was tested for T.B. I tested negative!

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

I would like to be transferred to FMC Rochester, Minnesota very soon. And I would like to be rewarded 5 million dollars because I've suffered undo Mental Anguish and severe permanent emotional distress as well as personal damages. And a time cut (reduce sentencing.) This is what I want the court to do for me.

V. Relief (continued)):

VII. Counsel

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes _____ No X

If so, state the name(s) and address(es) of each lawyer contacted:

If not, state your reasons: I can not afford an private
lawyer. I can't afford the filing fee!

- C. Have you previously had a lawyer representing you in a civil action in this court?

Yes _____ No X

If so, state the lawyer's name and address:

Signed this 30 day of September, 20 10.

Anthony Williams

Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 9-30-2010
(Date)

Anthony Williams

Signature of Movant/Plaintiff

Signature of Attorney
(if any)

Certificate of Service

I, Anthony Williams, do hereby certify that a true and correct copy of the foregoing Motion was sent via U.S. Postal Service mail to the following parties.

Clerk, United States District Court
110 North Heber Street, Room 119
Beckley, WV 25801

Signed this 30 day of September, 2010.

Respectfully Submitted

Anthony Williams
Anthony Williams

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 9-30-10
(Date)

Inmate Inquiry

Inmate Reg #:	14797041	Current Institution:	Beckley FCI
Inmate Name:	WILLIAMS, ANTHONY	Housing Unit:	BEC-A-D
Report Date:	07/16/2010	Living Quarters:	A08-418L
Report Time:	2:52:34 PM		

[General Information](#) |
 [Account Balances](#) |
 [Commissary History](#) |
 [Commissary Restrictions](#) |
 [Comments](#)

General Information

Administrative Hold Indicator: No
 No Power of Attorney: No
 Never Waive NSF Fee: No
 Max Allowed Deduction %: 100
 PIN: 6334
 PAC #: 373813510
 FRP Participation Status: Participating
 Arrived From: OKL
 Transferred To:
 Account Creation Date: 3/10/2008
 Local Account Activation Date: 4/16/2010 4:15:14 AM
 Sort Codes:
 Last Account Update: 7/15/2010 12:46:45 PM
 Account Status: Active
 Phone Balance: \$0.17

FRP Plan Information

FRP Plan Type	Expected Amount	Expected Rate
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Account Balances

Account Balance:	\$3.25
Pre-Release Balance:	\$0.00
Debt Encumbrance:	\$0.00
SPO Encumbrance:	\$0.00
Other Encumbrances:	\$0.00
Outstanding Negotiable Instruments:	\$0.00
Administrative Hold Balance:	\$0.00
Available Balance:	\$3.25
National 6 Months Deposits:	\$316.50
National 6 Months Withdrawals:	\$410.21
National 6 Months Avg Daily Balance:	\$31.47
Local Max. Balance - Prev. 30 Days:	\$33.10
Average Balance - Prev. 30 Days:	\$5.85

Anthony Williams
Reg. NO. 14797-041
FCI - Beckley, WV.
P.O. Box 350
Beaver, WV. 25813

10-4-2010

United States District Court
Southern District of West Virginia
Teresa L. Deppner, Clerk
Robert C. Byrd U.S. Courthouse
110 N. Heber Street, Room 119
Beckley, West Virginia 25801

Dear Ms. Deppner:

The Administrative Remedy Coordinator at Federal Institution Beckley refuse to give me the full names of the defendants. I can be transferring any day so I am filing now because I do not want the papers to get lose during the transfer.

Sincerely,
Anthony Williams

Certificate of Service

I, Anthony Williams, do hereby certify that a true and correct copy of the foregoing Motion was sent via U.S. Postal Service mail to the following parties.

Clerk, United States District Court
110 North Heber Street, Room 119
Beckley, WV 25801

Signed this 30 day of September, 2010.

Respectfully Submitted

Anthony Williams
Anthony Williams

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 9-30-10
(Date)

RECEIPT - ADMINISTRATIVE REMEDY

DATE: AUGUST 18, 2010

FROM: ADMINISTRATIVE REMEDY COORDINATOR
BECKLEY FCI

TO : ANTHONY ISAAC WILLIAMS, 14797-041
BECKLEY FCI UNT: POPLAR QTR: A08-418L

THIS ACKNOWLEDGES THE RECEIPT OF THE ADMINISTRATIVE REMEDY REQUEST
IDENTIFIED BELOW:

REMEDY ID : 603155-F1
DATE RECEIVED : AUGUST 17, 2010
RESPONSE DUE : SEPTEMBER 6, 2010
SUBJECT 1 : OTHER MEDICAL MATTERS
SUBJECT 2 :
INCIDENT RPT NO:

EXTENSION OF TIME FOR RESPONSE - ADMINISTRATIVE REMEDY

DATE: AUGUST 30, 2010

FROM: ADMINISTRATIVE REMEDY COORDINATOR
BECKLEY FCI

TO : ANTHONY ISAAC WILLIAMS, 14797-041
BECKLEY FCI UNT: POPLAR QTR: A08-418L

ADDITIONAL TIME IS NEEDED TO RESPOND TO THE ADMINISTRATIVE REMEDY REQUEST IDENTIFIED BELOW. WE ARE EXTENDING THE TIME FOR RESPONSE AS PROVIDED FOR IN THE ADMINISTRATIVE REMEDY PROGRAM STATEMENT.

REMEDY ID : 603155-F1
DATE RECEIVED : AUGUST 17, 2010
RESPONSE DUE : SEPTEMBER 26, 2010
SUBJECT 1 : OTHER MEDICAL MATTERS
SUBJECT 2 :
INCIDENT RPT NO:

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Mr. Walker, PA / Health Services	DATE: 8-13-10
FROM: Anthony Williams	REGISTER NO.: 1A797-041
WORK ASSIGNMENT: Otd.	UNIT: RBU

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

How long is this lump / bump going to be inside my arm where Medical Assit. Ms. Thorne injected the wrong medication? And when will it stop itching? I'm not coming to Sick call to be charged and I do not trust your Health Services! I just want to be transferred to a institution where I can trust Medical, I'm very uncomfortable with Medical staff here. You know why?

(Do not write below this line)

DISPOSITION: Mr. Williams if you are still having issues in your arm, I would suggest you make sick call and let your primary care provider assess the situation. After reviewing your file it appears you have not made sick call for this problem.

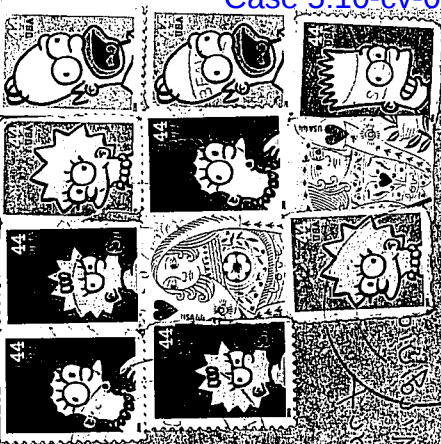
Signature Staff Member <i>Jeff Walker</i> Jeff Walker	Date 8/17/2010
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Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94



Anthony Williams
Reg. No. 14197-041
Unit RBD Cell B209
Federal Correctional Institution - Beckley
Post Office Box 350
Beaver, West Virginia 25812



United States District Court
Southern District of West Virginia
Teresa L. Deppa Clerk
Robert C. Byrd U.S. Courthouse
110 N. Heber Street, Room 119
Beckley, West Virginia 25801



Beckley, WV



FEDERAL CORRECTIONAL INSTITUTION

BECKLEY

P.O. BOX 1280

BEAVER, WV 25813

DATE

Q-10-1-10

THE ENCLOSED LETTER WAS PROCESSED THROUGH
SPECIAL MAILING PROCEDURES FOR FORWARDING TO
YOU. THE LETTER HAS BEEN REOPENED, INSPECTED OR
INSPECTED IF THE WRITER HAS A QUESTION OR
PROBLEM OVER WHICH THIS FACILITY HAS JURIS-
DICTION. YOU MAY BE REQUIRED TO RETURN THE MATERIAL
FOR FURTHER INFORMATION OR CLARIFICATION IF
THE WRITER REQUESTS IT. IF YOU REQUEST IT,
PLEASE FORWARD THE ENCLOSED CORRESPONDENCE FOR
FORWARDING TO ANOTHER ADDRESSEE. PLEASE
RETURN THE ENCLOSURE TO THE ABOVE ADDRESS